


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000172		
1. Entity Name BAROCAS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009	Mailing Address 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0461415		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DOLCHIN, STEVEN B ESQ. THE OAKS, SUITE 202-B 4330 SHERIDAN STREET HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAROCAS, ROSE	STREET ADDRESS	
NAME	300 THREE ISLANDS BOULEVARD	CITY - ST - ZIP	
STREET ADDRESS	HALLANDALE, FL 33009		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	000000097417
NAME		CITY - ST - ZIP	03/26/04-80038-022 141.25
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Rose Barocas</i>	Date: March 12, 2004 - 954-454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone # 4149

STAPLE CHECK HERE